

## Endovascular 101

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Desmond Bell, DPM, CWS  
Founder and President:



[www.TheSALSAL.org](http://www.TheSALSAL.org)

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“Amputation should not be  
seen as a treatment option,  
but as a treatment failure”

Yazan Khatib, MD

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## SALSAL Mission Statement

*"To reduce the number of lower extremity amputations and to improve the quality of life for our fellow citizens who are afflicted with wounds and complications of diabetes and peripheral arterial disease.*

**We will accomplish these goals by educating professionals, students and patients through advanced evidence based methods and through community outreach"**

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## What is SALSAL?

- The Save A Leg, Save A Life Foundation was incorporated as a new non-profit organization in the State of Florida during May of 2015.
- We are poised and excited to make an impact on reducing the number of lower extremity amputations.
- New Federal tax ID number is issued to SALSAL: 32-0467696
- We will shape and build SALSAL to achieve its goals and to make Save A Leg, Save A Life into a universally recognized phrase and concept, one that resonates and **"connects the dots" between non-healing wounds, Peripheral Arterial Disease and Amputations, as well as catastrophic events such as heart attack and stroke.**

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## Why is SALSAL Needed?

### Why Now?

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|---|---|
| • Despite decreased amputation rates, the number of diabetics is increasing | • 3 <sup>rd</sup> world medicine is still being practiced!    |
| • Population is aging   | • Amputation is often subjective!                             |
| • Burden on health care system is well documented                           | • Easier to prevent than to treat                             |
| • Amputation is still often random!   | • Why wait for PAD patients to deteriorate into CLI patients? |

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### Why Endovascular 101?

- The emergence of the “Team Approach to Lower Extremity Preservation” has brought multiple specialties together
- “Toe and Flow” has become part of the lexicon




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### Why Endovascular 101?

- Opportunities exist for Podiatry to better team with interventional specialists from Cardiology, Radiology and Vascular medicine
- Greater appreciation of each other's role in the team benefits patients that is unprecedented




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### Why Endovascular 101?

- Despite the breakthroughs in endovascular and wound healing technologies, there still exists a gap in knowledge and communication between specialties in the limb preservation community




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## Epidemiology of Chronic Leg Wounds

- Chronic leg ulcers affect 0.6–3% of those aged over 60 years, increasing to over 5% of those aged over 80 years. CLU is a common cause of morbidity, and its prevalence in the community ranges from 1.9% to 13.1% <sup>1,2</sup>
- It is thought that the incidence of ulceration is rising as a result of aging population and increased risk factors for atherosclerotic occlusion such as smoking, obesity, and diabetes. In the course of a lifetime, **almost 10% of the population will develop a chronic wound**, with a wound-related mortality rate of 2.5% <sup>1,3</sup>

1. Bruchberg VA Ulcers  
Volume 2013 (2013), Article ID 413604, 9 pages  
<http://dx.doi.org/10.1155/2013/413604>  
2. R. Rayner, R. Caville, J. Keast, J. Peat, and X. N. Santamaria,  
"Leg ulcers: aetiological presentations and associated co-morbidities," *Wound Practice and Research*, vol. 17, no. 4, pp. 168–185, 2009.  
3. C. S. Sizer, "Venous ulcers of the lower limb: where do we stand?" *Indian Journal of Plastic Surgery*, vol. 45, no. 2, pp. 266–274, 2012.

## Economic Burden of Chronic Leg Wounds

- Approximately 65,000-75,000 major amputations (above-the-knee and below-the-knee) are performed annually for critical limb ischemia (CLI).
- Within 5 years, approximately 70% of CLI patients die.
- These cost \$11 billion with Medicare and Medicaid paying almost 80% of the bill.**<sup>4</sup>



4. SAGE Group press release, "The SAGE Group Estimates the Economic cost of Critical Limb Ischemia costs at \$25 Billion." Press release, Aug. 15, 2014.  
[www.TheSAGEGROUP.US](http://www.TheSAGEGROUP.US)

## Duke University Study

- Patients with severe lower extremity complications who **only saw a podiatrist** experienced a **lower risk of amputation** compared with patients who did not see a podiatrist
- Multidisciplinary team approach that includes podiatrists** most effectively prevents complications from diabetes and **reduces risks of amputations**



Sloan, F. A., Feinglos, M. N. and Grossman, D. S., RESEARCH ARTICLE: Receipt of Care and Reduction of Lower Extremity Amputations in a Nationally Representative Sample of U.S. Elderly, Health Services Research, no. doi: 10.1111/14756773.2010.01157.

## In the High Risk Population, this is No Longer Adequate!




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## Wound Healing Society Guidelines for Vascular Assessment

- Guideline #1.1: Clinically significant arterial disease should be ruled out (Level I)
- Guideline #4.1: Examination of the patient as a whole is important to evaluate and correct causes of tissue damage. This includes factors such as: (A) systemic diseases & medications, (B) nutrition (C) tissue perfusion & oxygenation. (Level I)

**Risk Status:** Age, Sex, Ethnicity, Tobacco Use, Diabetes, previous coronary, stroke or leg event, BMI, HTN

**Clinical Foot Exam:** Condition of distal hair growth, skin texture and color as well as changes in skin color with elevation and dependence, temperature of skin, femoral/popliteal/pedal pulses

**NIVT Exams:** ABI, PVR, SPP, TcPO<sub>2</sub>

*Reminder: Absent pulses can be an indicator of no flow but palpable pulses are never an indicator of sufficient flow.*

Rogers L. 2013; Podiatry Management Aug; 123-126.

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## Appearance of Wounds Should Take a Back Seat to Protocol-Driven Patient Exam

### Typical Case

- Elderly patient referred to practice with diagnosed "pressure" ulcer
- Diminished but palpable pulses
- ABI = 1.1
- SPP <30 mmHg
- Proceed to debridement?

**NO!**

**Classic case of Medial Calcification**




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### Pedal Artery Calcification is Common in Long-Term Diabetes and Dialysis Patients




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### Adhere to Evidence-Based Guidelines

- Use Evidence-Based Guidelines to Document Risks:

- ✓ Diabetes
- ✓ Kidney disease; focus on hypertension
- ✓ Tobacco use

- **Think Vascular First!**

- ✓ "Is this occlusion of the peroneal artery?" vs. "Is this a pressure ulcer?"
- ✓ Use angiosome guidance to focus on tissue perfusion




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### The Save A Leg, Save A Life Foundation White Sock Campaign Ribbon



[www.TheSALSAL.org](http://www.TheSALSAL.org)

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## White Sock Campaign

- Use of Social Media
- Our version of the “Ice Bucket Challenge”
- Creates teaching moments
- Create greater awareness as well as solidarity with amputees




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## White Sock Campaign




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## White Sock Campaign




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## Where does the Money Go?

- An "A" rated 501c3 must use at least 70% of money raised for the Mission of the organization
- SALSAL will use majority of funds for philanthropic efforts, especially at the community level




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## Where does the Money Go?

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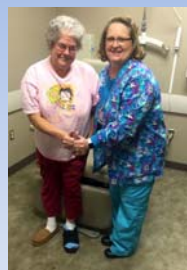
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## Where does the Money Go?



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## Where does the Money Go?



NUMBER OF DEPENDENT CHILDREN AND AGES \_\_\_\_\_  
 ANNUAL INDIVIDUAL INCOME \$10,000  
 MONTHLY EXPENSES \$500  
 What are you seeking assistance of this fund?  
Balance of expenses  
for all sock prescriptions  
 Signature \_\_\_\_\_  
 Date 1-25-17

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## Where does the Money Go?



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## How To Help

- TheSALSAL.org website
- Facebook
- #WhiteSock Campaign #DocsinSocks
- Amazon Smile
- Checks gladly accepted!

Foundation

The Save A Leg, Save A Life

Run

108 Indigo

Ponte Vedra Beach FL 32082

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TheSALSAL.org



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Thank You  
www.TheSALSAL.org



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